2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006835

Entity Name: GOLDMAN CASHING, INC.

FILED Mar 19, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3432 CLEVELAND AVE FT MYERS, FL 33901 US **Current Mailing Address: New Mailing Address:** 3432 CLEVELAND AVE FT MYERS, FL 33901 US FEI Number: 20-5103436 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MENG, DI 12501 FAIRMONT DR US FT MYERS, FL 33913

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP () Delete Title: OWNE (X) Change () Addition Name: MENG, DI Name: MENG, DI OWNER Address: 12501 FAIRMONT DR Address: 12501 FAIRMONT DR

Address: 12501 FAIRMONT DR
City-St-Zip: FT MYERS, FL 33913 US
City-St-Zip: FT MYERS, FL 33913 US

() Delete Title: MANA Title: (X) Change () Addition Name: LEE, CORTES MANAGER Name: SMITH, PAUL N PARTNER 3240 COTTONWOOD BEND #206 4315 SW 25TH COURT Address: Address: FORT MYERS, FL 33905 US CAPE CORAL, FL 33914 US City-St-Zip: City-St-Zip:

Title: () Delete Title: OFCR () Change (X) Addition
Name: SMITH, NANCY P COMP OF
Address: 4315 SW 25TH COURT

 Address:
 Address:
 4315 SW 25TH COURT

 City-St-Zip:
 City-St-Zip:
 CAPE CORAL, FL 33914 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY P. SMITH OFFI 03/19/2009